

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

## Weekly Bulletin



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EDITOR

### *The Menace of the Rat*

Surgeon General Cumming of the Public Health Service has pointed out that public health authorities everywhere recognize the increasing sanitary and economic menace of the rat. As the principal agent in the spread of bubonic plague the rat is responsible for the almost world-wide prevalence of this disease, which during the twenty-year period ended in 1923, killed over 11,000,000 people in India alone.

Since the beginning of the Hongkong epidemic of 1893, bubonic plague has been distributed through channels of international commerce to all parts of the world where environmental conditions are favorable to the breeding of rats and rat fed fleas.

Notwithstanding the depredations of rats, annually costing the people of the United States approximately \$200,000,000 for food consumed and a like amount or more for losses sustained through the wanton destructiveness of the animal, the general public needs to be informed as to the dangers and the cost of feeding millions of these parasitic rodents.

The public should be brought to realize that if the extraordinarily prolific breeding of rats were not constantly controlled by disease, natural enemies and the cannibalistic tendencies of the animal itself, the world might be overrun and man himself forced to fight a losing battle for scraps of food.

To combat the rat successfully man must become familiar with its habits of living and breeding and know its dietary preferences. Methods of combat must be studied and the proper application of the

most efficient of these must be better understood. In the age old fight for survival, the rat has learned lessons of sagacity, patience, and agility which well fit it for a contest in which man must exercise his ingenuity to the utmost if he would win.

Direct measures of attack have but a limited usefulness in the hands of the public. Trapping with snap or cage traps, the use of poison baits, the aggression of such natural antagonists as dogs, cats, ferrets, weasels, etc., and the fumigation with poisonous gases, may all be resorted to, but, with the exception of trapping, they can not be recommended for use by the inexperienced householder. Rat suppressive measures, if universally prosecuted, will do more to make life hazardous for the pest than the application of destructive agents. The most effective suppressive measure is to separate the rat from its customary food supply. This procedure should be followed in most scrupulous detail in the home, the place of business and wherever foodstuffs are stored or handled. Bulk foods in the home should be kept in rat-proof containers and every occupied residential premises should be equipped with a rat-tight garbage can. Garbage dumps should be eliminated from every community and garbage disposed of by incineration.

There are three principal species of rats in the United States. The brown rat (*Rattus norvegicus*) prefers to live at or below the level of the ground and the female will burrow beneath plank flooring or concrete paving with exposed edges to find a safe location



for the nest. The roof rat (*Rattus alexandrinus*) and the black rat, or ship rat (*Rattus rattus*) look for double walls and dusty attics where they find protection from their arch enemy, the more ferocious but less agile brown, or "sewer" rat. The elimination of the hiding places customarily frequented by these animals restricts breeding to an extent second only to starvation, so it will pay the public well to keep the rat on the run.

In residential and other shore structures and in sea-going vessels certain architectural changes and modifications are necessary to effectually prevent the rat from finding a harboring place. The elimination of such nesting places from ships and shore structures is called "rat proofing." This is a very important means of combating the rat and builds him out of existence.

Any estimate of the number of rats in a given community must, of course, be in the nature of an approximation. Conservative figures place the rat population of the United States at approximately 120,000,000, or one rat per person. In certain places the ratio is probably much higher, while in localities where rodents are systematically fought the rat population may be reduced to a level at which the animal no longer menaces the health and economic welfare of the people.

#### BACTERIOLOGICAL LABORATORY IS BUSY

A total of 7938 examinations were made last month in the Bacteriological Laboratory. Of these, 1491 were positive and 6131 negative. These examinations were made for the purpose of establishing diagnoses in diphtheria, malaria, plague, rabies, tuberculosis, typhoid fever, tularemia, undulant fever, and other diseases.

Large amounts of typhoid vaccine were distributed to physicians and large amounts of antigens were distributed to the various bacteriological laboratories in California communities.

#### BOTULISM IN LOS ANGELES

Three cases of botulism occurred in Los Angeles in a group of eight people who had eaten dinner together. One of the cases resulted fatally. The definite source of the disease was not determined, but evidence points toward imported Italian antipasti, consisting of tuna, sardines, capers, mushrooms, pickled cauliflower, carrots, onions, pitted green olives and pickles, all packed in olive oil. The cook noticed that this preparation had a cheesy, bitter taste and an offensive odor. Confirmatory laboratory tests have not been completed yet.

#### DEATH ENDS CAREER OF WILLIAM C. HASSLER

Dr. William C. Hassler, Health Officer of San Francisco since 1915 and a member of the staff of that department since 1900, died at his home in San Francisco on August 1, 1931. Dr. Hassler, at the time of his death, was President-elect of the American Public Health Association and was to have been inducted as President of that organization at its annual meeting which will be held in Montreal in September. He was one of the organizers of the Western Branch of the American Public Health Association and of the Northern California Public Health Association, and had served as President of each of these organizations.

Dr. Hassler's career as a public health executive is outstanding. He had remarkable gifts as an organizer and administrator. His knowledge of preventive medicine, together with his strong personality, enabled him to advance his department to high standards. Under his administration the San Francisco Department of Public Health became recognized throughout the United States. The accomplishments of his department enabled it to attain a high score in the interchamber contest conducted during the past two years by the United States Chamber of Commerce. It is largely through Dr. Hassler's efforts that the department has achieved its enviable reputation.

Dr. Hassler was born in Chicago and graduated in pharmacy from Columbia University at an early age. He studied medicine and graduated from the Cooper Medical College, which is now the Stanford University School of Medicine, San Francisco, in 1892. He engaged in private practice until 1900, when he entered the service of the San Francisco Health Department as a Sanitary Inspector. The following year he took the civil service examination as Chief Sanitary Inspector, attained the highest rating and was appointed as such officer October 1, 1901. He served in this capacity until 1915, when he was appointed Health Officer of the city, having attained the highest standing in a competitive examination conducted by the Civil Service Commission.

For many years Dr. Hassler had lectured on preventive medicine and hygiene in the Stanford University School of Medicine. In 1926, the Surgeon General of the United States Public Health Service selected him as a representative of the United States at a Conference on Municipal Sanitation and Public Health as interchange delegate of the Health Organization of the League of Nations. This conference was held in London, England, in February of 1926 and the honor attached to the appointment was very



great, since Dr. Hassler was chosen from among all of the leading health officers of the large cities of the United States.

For many years he represented the city of San Francisco officially at meetings of the American Public Health Association and he had achieved a prominent place in that organization. His election as President of that organization for the ensuing year marked the apex of his career and his sudden taking-away just as he was to enter the presidency of that organization is tragic.

To Californians, Dr. Hassler represented all that is highest in public service. With his tireless energy, high ideals, and uprightness, he was able to command the respect of all public health workers with whom he came into contact. He had endeared himself not only to the members of his staff but to thousands of individuals who worked in the field of public health. It will be difficult to fill the vacancy caused by his death. The loss to San Francisco and to California is very great. To public health workers his taking-away removes one of their best friends and most efficient leaders. The record that he has left is worthy of exemplification by all who may follow in his footsteps, for he raised the standards in public health to a high degree. It is men of his type who advance the profession in which they are engaged. A true friend of his coworkers, a faithful public servant, a loyal exponent of high ideals in public service, a man of vision and of courage, he will be missed by citizens in all walks of life.

At public services which were held August 3, in the San Francisco City Hall, where the body lay in state, Governor James Rolph, Jr., pronounced an eloquent eulogy on the life of Dr. Hassler, who served as Health Officer during the Governor's long service as Mayor of San Francisco.

### SANITARY SURVEYS

The work of carrying on sanitary surveys of various communities was continued during the past month. Surveys were completed during May at Auburn, Ceres, Colfax, Daly City, Galt, Grass Valley, Hillsborough, Isleton, Lawndale, Lomita Park, Modesto, Nevada City, Newcastle, Ripon, San Carlos, San Mateo, South San Francisco, Turlock and Willow Glen. It is a conspicuous fact that no serious flaws were found in any of the municipal water works in the communities covered by these surveys. Many of them have undesirable features and the surveys have resulted in action to improve minor flaws which may have been discovered.

### ILLINOIS REQUIRES CERTIFICATION OF PUBLIC HEALTH NURSES

Illinois has enacted legislation recently which requires the certification of public health nurses by examination. Together with California, Illinois is the only state which makes this requirement. In California this procedure was written into the statutes in 1919 and has been followed continuously since that time. The "Illinois Health Messenger" of June 1, 1931, gives the following information relative to the new requirements adopted in Illinois:

School, county and village boards, county commissioners and city councils are authorized to appropriate money for and employ public health nurses by a new law which was signed by Governor Emmerson on May 4, 1931. This statute, known as an Act in Relation to Public Health Nursing, sets up minimum standards of qualifications which all public health nurses employed by public authorities in the State must have.

Persons who have been employed as public health nurses for one year or more prior to July 1, 1931, may qualify under the law without examination. Nurses employed or whose names are on eligible or reinstatement lists on July 1, 1931, may also qualify without examination. Otherwise, persons seeking employment as public health nurses must be registered in Illinois and must pass an examination prescribed by the State Department of Registration and Education. The new law becomes effective July 1, 1931.

### SPECIAL SANITARY INVESTIGATIONS

Special investigations were conducted along Coyote Creek, in Santa Clara County; Papermill Creek and Necasio Creek, in Marin County; San Lorenzo River, in Santa Cruz County; Pescadero Creek, in San Mateo County; and other places. Most of these investigations involved sewage disposal and water supplies in territories that are used for recreational purposes. Wherever necessary, warning notices for the prevention of pollution of streams and camp nuisances were posted. All of these investigations were made at the request of local health officers.

Among other complaints which were handled were the investigations of nuisances caused by fertilizer plants, faulty sewage disposal, improper disposal of garbage, mosquitoes, squatters' camps, and insanitary conditions in food dispensing places.

### PHYSICAL EXAMINATION OF CHILDREN

The physicians on the staff of the bureau made examinations of 3300 children during the past month. Of these, 1213 were first examinations and 2087 were return-visit examinations. A total of 2230 physical defects were discovered. Of these, 1904 required medical services for their correction, and 326 involved the application of hygienic measures only. Wherever possible the correction of defects was referred to the family physician.



**MORBIDITY \*****Diphtheria.**

36 cases of diphtheria have been reported, as follows: Fresno County 1, Reedley 1, Bakersfield 4, Los Angeles County 2, Glendale 2, Long Beach 1, Los Angeles 12, Pasadena 1, Whittier 2, Modoc County 1, Orange 1, Sacramento 2, San Bernardino County 1, San Francisco 1, Santa Barbara County 1, San Jose 2, California 1.\*\*

**Scarlet Fever.**

21 cases of scarlet fever have been reported, as follows: Alameda 1, Berkeley 1, Kern County 1, Los Angeles County 5, Los Angeles 4, Pasadena 1, Santa Ana 2, Riverside 1, San Diego 1, Arroyo Grande 1, Santa Cruz County 2, Visalia 1.

**Measles.**

53 cases of measles have been reported, as follows: Alameda 1, Berkeley 1, Hayward 1, Oakland 4, Chico 2, Contra Costa County 2, Los Angeles County 3, Alhambra 1, Burbank 1, Glendale 1, Long Beach 1, Los Angeles 13, Pasadena 1, Monterey 1, Napa 2, Sacramento 4, Chula Vista 1, San Diego 1, San Francisco 5, San Mateo 2, Sunnyvale 2, Santa Cruz 1, Stanislaus County 1, Yolo County 1.

**Smallpox.**

Monterey County reported one case of smallpox.

**Typhoid Fever.**

13 cases of typhoid fever have been reported, as follows: Fresno County 2, Fresno 1, Los Angeles 1, Sacramento County

\* From reports received on August 17th and 18th for week ending August 15th.

3, Sacramento 1, San Bernardino County 1, San Francisco 1, Santa Cruz County 1, Yolo County 1, California 1.\*\*

**Whooping Cough.**

169 cases of whooping cough have been reported, as follows: Alameda 4, Berkeley 31, Oakland 9, Contra Costa County 2, Martinez 1, Los Angeles County 23, Azusa 3, Beverly Hills 2, Compton 5, Glendale 1, Long Beach 1, Los Angeles 34, Pasadena 2, San Gabriel 1, Monterey 1, Orange County 1, Anaheim 2, Fullerton 1, Plumas County 1, Sacramento 1, San Bernardino 2, Chula Vista 1, San Diego 4, San Francisco 5, San Joaquin County 6, Stockton 3, Santa Barbara County 1, Santa Barbara 7, Santa Maria 2, Santa Clara County 1, Los Gatos 3, San Jose 6, Dinuba 2.

**Meningitis (Epidemic).**

3 cases of epidemic meningitis have been reported, as follows: Humboldt County 1, Napa 1, San Bernardino County 1.

**Poliomyelitis.**

2 cases of poliomyelitis have been reported, as follows: Glendale 1, Santa Paula 1.

**Food Poisoning.**

7 cases of food poisoning have been reported, as follows: Los Angeles 5, Santa Ana 2.

**Septic Sore Throat.**

Long Beach reported one case of septic sore throat.

\*\* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State through the incubation period of the disease. These cases are not chargeable to any one locality.

**COMMUNICABLE DISEASE REPORTS**

Disease	1931				1930			
	Week ending			Reports for week ending Aug. 15 received by Aug. 18	Week ending			Reports for week ending Aug. 16 received by Aug. 19
	July 25	Aug. 1	Aug. 8		July 26	Aug. 2	Aug. 9	
Actinomycosis.....	0	1	0	0	1	0	0	0
Anthrax.....	0	0	0	0	0	0	4	1
Chickenpox.....	47	34	32	48	59	28	28	26
Coccidioid Granuloma.....	1	0	1	0	2	2	1	0
Diphtheria.....	27	46	32	36	28	39	40	42
Dysentery (Amoebic).....	1	2	1	1	1	2	2	0
Dysentery (Bacillary).....	4	5	4	1	1	5	7	1
Encephalitis (Epidemic).....	1	2	2	0	0	5	1	2
Erysipelas.....	10	12	7	18	13	12	15	6
Food Poisoning.....	25	3	5	7	57	28	3	31
German Measles.....	7	2	5	6	4	5	7	2
Gonococcus Infection.....	166	158	187	177	136	97	187	145
Hookworm.....	0	0	1	0	1	0	0	0
Influenza.....	14	8	14	12	11	10	6	0
Jaundice (Epidemic).....	0	0	0	0	0	0	1	0
Leprosy.....	0	0	0	0	1	1	0	0
Malaria.....	4	5	3	1	5	13	3	1
Measles.....	155	92	65	53	238	185	92	85
Meningitis (Epidemic).....	2	1	9	3	4	6	2	3
Mumps.....	62	65	51	33	105	82	72	100
Ophthalmia Neonatorum.....	0	1	1	0	0	1	2	0
Paratyphoid Fever.....	2	1	1	2	0	1	4	1
Pellagra.....	1	4	3	0	2	5	2	2
Pneumonia (Lobar).....	18	27	21	22	21	67	18	18
Poliomyelitis.....	5	4	9	2	88	76	60	51
Rabies (Animal).....	5	11	7	7	18	9	12	5
Relapsing Fever.....	0	0	1	0	0	0	0	0
Scarlet Fever.....	33	43	28	21	49	30	37	27
Smallpox.....	4	7	15	1	8	22	19	5
Syphilis.....	165	185	172	197	200	159	188	145
Tetanus.....	0	0	0	1	2	3	2	0
Trachoma.....	0	2	1	3	1	4	1	1
Trichinosis.....	5	0	0	0	0	0	2	0
Tuberculosis.....	213	187	207	195	188	191	204	161
Tularemia.....	1	1	0	0	0	1	2	0
Typhoid Fever.....	22	16	26	13	34	33	20	18
Undulant Fever.....	3	4	1	0	0	2	3	0
Whooping Cough.....	190	146	179	169	151	122	116	77
Septic Sore Throat.....	0	3	2	1	0	0	0	0
Totals.....	1,193	1,078	1,093	1,030	1,429	1,246	1,163	956

The reportable Diseases continue at low ebb.

Chickenpox and Whooping-cough are the only diseases common to childhood that give evidence of increase.

Only one case of smallpox reported.

Poliomyelitis remains unusually low for this season of the year.